


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90858 021 ****61.25

DOCUMENT # 737932 1. Entity Name LAKE COUNTY HISTORICAL SOCIETY, INC.					
Principal Place of Business 317 W MAIN ST TAVARES, FL 32778 US			Mailing Address P O BOX 7800 TAVARES, FL 32778 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1717137 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04192007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WATKINS, JAMES C. 550 W. MAIN STREET TAVARES, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, RICK <input checked="" type="checkbox"/> Delete 2014 SUZANNE DR MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grenier, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 681 Woodview Dr Tavares FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRENIER, ROBERT <input checked="" type="checkbox"/> Delete 681 WOODVIEW DR TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hanja, Jamie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13706 Via Roma Circle Clermont FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, JAMES C <input type="checkbox"/> Delete 37048 SHADOWWOOD LANE FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, HOWARD <input type="checkbox"/> Delete 5772 MICHELLE LANE SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Robert Grenier Robert Grenier 4/27/2007 352343-9890 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					